



IronKey Enterprise Account Activation Form

END USER INFORMATION

Company Name: TOWN OF EASTON Division: POLICE DEPARTMENT
Contact Name: SCOTT MESSICK Title: IT MANAGER
Department: _____ Office Phone: 410-822-2525
Mobile Phone: 443-786-4977 Email: smessick@EastonMD.gov
Address: 14 S HARRISON ST
City: EASTON State: MD Zip Code: 21601

IRONKEY ADMINISTRATOR

This person will be setting up and administering the IronKey Enterprise Account and devices.

Same as above ☒ If different, please fill out the contact information for the IronKey Administrator below.

IronKey Administrator Name: _____
Title: _____
Department: _____ Office Phone: _____
Mobile Phone: _____ Email: _____
Address: _____
City: _____ State: _____ Zip Code: _____

RESELLER CONTACT

This is the representative who will be in charge of this order and renewal for this IronKey Enterprise Account.

Reseller: _____ PO Number: _____
Account Representative: _____
Address: _____
City: _____ State: _____ Zip Code: _____

Fill out this form and send it to your Distributor with the corresponding Purchase Order.